



DEPARTMENT OF THE NAVY  
COMMANDER AMPHIBIOUS GROUP THREE  
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SAN DIEGO, CALIFORNIA 92136-5289

COMPHIBGRUTHREEINST 5213.1  
N1

19 JUNE 96

**COMPHIBGRUTHREE INSTRUCTION 5213.1**

Subj: COMPHIBGRU THREE FORMS CONTROL

Ref: (a) OPNAVINST 5213.1B

Encl: (1) Request for New or Revised Form (OPNAV 5213/19)

1. **Purpose.** To identify those COMPHIBGRU THREE forms currently used by COMPHIBRU THREE personnel and to prescribe procedures for implementing new COMPHIBGRU THREE forms using enclosure (1).

2. **Discussion.** Reference (a) contains strict guidelines for establishing and controlling forms for use within DON activities. Most notable is the requirement for forms to be supported by a directive, manual or publication prescribing instructions for obtaining, preparing, submitting, and using each form. The main objectives are to establish uniformity within DON, and to eliminate cost ineffectiveness and duplicate forms.

3. **Definitions**

a. A "form" is any document including letters, post cards, and memoranda, printed or otherwise reproduced with space for filling in information, descriptive material, or addresses; or any format designed to structure the arrangement of such information.

b. A "bootleg form" is an uncontrolled form, issued without an identifying prefix or number, not designed to be compatible with any method of fill-in, and for which no provision for extra copies has been made. BOOTLEG FORMS ARE NOT AUTHORIZED.

4. **Scope.** This instruction deals specifically with forms designed by COMPHIBRU THREE personnel for use within this command. Any form established by COMPHIBGRU THREE must be unique in its purpose, implementing only if no other appropriate form exists to serve the same purpose, and supported by a directive, manual or publication directing its use.

5. **Policy.** All other forms must be disposed of or submitted to the Forms Control Officer (Code N11) for possible implementation as a COMPHIBGRU THREE form.

6. **Proposed Forms.** Any new forms submitted to the Forms Control Officer for approval must be accompanied by a completed Request for New or Revised Form (enclosure (1)) and an established or

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proposed directive, manual or publication governing its use. A COMPHIBGRU THREE form number will be assigned and the form will be incorporated into the COMPHIBRU THREE forms control system.

7. Reconsideration of Old Forms. Any forms cancelled by this instruction may be submitted to the Forms Control Officer for reconsideration provided it is accompanied by a completed request for new or revised form and an established or proposed directive, manual or publication governing its use.

8. Responsibilities

a. The Forms Control Officer (N11) is responsible for the overall establishment and operation the COMPHIBGRU THREE forms control system as outlined in reference (a) and is the final approving authority for proposed COMPHIBRU THREE forms.

b. Department Heads shall:

(1) Ensure all personnel within their code cease using unauthorized forms and are informed of the new form implementation procedure.

(2) Review all forms and supporting directives, manual or publications proposed by their code personnel.

(3) Forward the forms and supporting documentation to the Forms Control Officer with a completed Request for New or Revised Form. Full justification, usage, and stocking information must be provided.

  
D. L. IHLENFELD  
Chief of Staff

Distribution:  
COMPHIBGRUTHREEINST 5216.1V  
List 6

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REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81)		1. DATE OF REQUEST	2. FORM NO. (If revision)	
		3. DATE FORM REQUIRED	4. SSIC	
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)		
6. TITLE OF FORM		7. SUPERSEDED FORMS		
8. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. PURPOSE OF FORM				
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE			
13. FORM USAGE	a. FREQUENCY OF USE <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES  <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input type="checkbox"/> _____	d. NO. OF COPIES PREPARED AT ONE WRITING
				e. NUMBER OF USING ACTIVITIES
				f. ANNUAL USAGE
				g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
14. FORM SPECIFICATION	a. COLOR PAPER <input type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____	d. SIZE (List width first)  X
				e. NO. OF PAGES
15. REMARKS				
16. ORIGINATOR	a. NAME, RANK AND TITLE			b. OFFICE CODE
	c. SIGNATURE			d. PHONE NUMBER
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE		c. DATE